STATEMENT OF

FORM 1	ORGANIZA (See instruction			Office use only
1. NAME OF COMMITTEE (in t	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Baird for Conc	PO Box 5016			
(Check if address is changed)	1			98668
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-i	*	STATE.	ZIP CODE
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL) http://www.brianbair	d.com		
 DATE M M M O 3 FEC IDENTIFICA IS THIS STATEM 	30 2009 TION NUMBER	C C00310904 X AMENDED (A)		
I certify that I have examined a support of the sup	ned this Statement and to the best of my known the	wledge and belief it is true, correc		
Signature of Treasurer NOTE: Submission of fall	Electronically Filed by Chris Croves, erroneous, or incomplete information may		Date 0 3	1 D 3 D 7 Y Y Q 0 O 9 2 O O 9 Sties of 2 U.S.C. S437g.
	ANY CHANGE IN INFORMAT	TION SHOULD BE REPORTE	D WITHIN 10 DAYS	S
Office Use Only		For further information Federal Election Communication Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2009)